

NOTIFICATION OF TERMINATION

To: Child Support Enforcement

Mail or fax this Notification of Termination to the Child Support Enforcement (IV-D) office that issued the income withholding (IW) order or the National Medical Support Notice. Contact information can be found at <http://www.nd.gov/humanservices/services/childsupport/contact/> or www.childsupportnd.com, "Contact CSE."

Employer reporting termination: _____

Employee's name and remittance identifier (found on income withholding order):

Date of separation from employment: _____

Has the last IW payment been sent: _____ Yes _____ No

• Final Payment Amount: _____

• Final Payment Date: _____

Employee's last known home address: _____

Employee's last known telephone number: _____

New employer's name: _____

New employer's address: _____

Other comments: _____

Name of person completing form: _____

Title: _____

Telephone number: _____

Date: _____